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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>		Docket No. <b>RSW9200100351/S1</b>	
Applicant(s): <b>Curtis et al.</b>			
Application No. <b>09/810,629</b>	Filing Date <b>3/16/2001</b>	Examiner <b>Reagan, James A.</b>	Group Art Unit <b>3621</b>
Invention: <b>IMPROVED METHOD FOR REPORTING CHARACTERISTICS OF A SERVICE PROVIDER SUCH AS AN APPLICATION SERVICE PROVIDER</b>			
<p>I hereby certify that this _____ <u>Notice of Appeal (1 page)</u></p> <p style="text-align: center;"><small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u>)</p> <p>on _____ <u>6/10/2005</u></p> <p style="text-align: center;"><small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <p>_____ <b>Kim Dwileski</b></p> <p style="text-align: center;"><small>(Typed or Printed Name of Person Signing Certificate)</small></p> <p>_____ <i>Kim Dwileski</i></p> <p style="text-align: center;"><small>(Signature)</small></p> </div>			
<p><b>Note: Each paper must have its own certificate of mailing.</b></p> <p style="margin-top: 50px;"><b>RECEIVED</b></p> <p style="margin-top: 5px;"><b>OIPE/IAP</b></p> <p style="margin-top: 20px;"><b>JUN 14 2005</b></p>			

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**NOTICE OF APPEAL FROM THE PRIMARY EXAMINER TO  
THE BOARD OF PATENT APPEALS AND INTERFERENCES (Large Entity)**Docket No.  
RSW920010035US1

In Re Application Of: Curtis et al.

Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.
09/810,629	3/16/2001	Reagan, James A.	30449	3621	

Invention: **IMPROVED METHOD FOR REPORTING CHARACTERISTICS OF A SERVICE PROVIDER  
SUCH AS AN APPLICATION SERVICE PROVIDER****COMMISSIONER FOR PATENTS:**

Applicant(s) hereby appeal(s) to the Board of Patent Appeals and Interferences from the decision of the Primary Examiner dated 3/10/3005 finally rejecting Claim(s) 1-42

The fee for this Notice of Appeal is: \$500.00

- ☐ A check in the amount of the fee is enclosed.
- ☒ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 09-0457(IBM)
- ☐ Payment by credit card. Form PTO-2038 is attached.

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**  
Signature

Dated: 6/10/2005

Jack P. Friedman  
Reg. No. 44,688  
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